

1: Eligibility Considerations

1. Was this technician injured or did they become ill while working or traveling in a technician status?
 - a. If Yes, file a CA-1 for Workers Compensation.
 - b. If NO, proceed to step 1-2.
2. Was this technician injured or did they become ill while working or traveling in a military status?
 - a. If Yes, was an LOD established?
 - i. If LOD was established AND the technician is entitled to INCAP pay, the technician may choose to use paid leave; however, their INCAP pay will be offset for each day of paid leave they take. The technician may use the following leave types:
 1. Sick (*Advanced Sick)
 2. Annual (*Advanced Annual)
 3. Compensatory
 4. LWOP (must be personal IF absent military orders-code KA)
 - ii. If LOD was established AND the technician is not entitled to use the INCAP pay, the following leave types may be used:
 1. Sick (*Advanced Sick)
 2. Annual (*Advanced Annual)
 3. Compensatory
 4. LWOP (must be personal IF absent military orders-code KA)
 - b. If no, proceed to step 1-3.
3. Is this technician a temporary technician?
 - a. If yes, then they may use the following types of leave:
 - i. Sick leave (Sick leave will NOT be advanced for temporary technicians Ref: TPR 630 Para 4-1).
 - ii. Annual Leave
 - iii. Compensatory Time
 - iv. *Advanced Annual Leave: The technician may only be advanced annual leave through the end of their separation date. They are not eligible to be advanced sick leave. (Ref: TPR 630 Para 4-1)
 - v. **Donated Leave
 - b. If no, proceed to step 1-4.
4. Is this technician a permanent or indefinite technician?
 - a. If no, stop here and determine employment status of employee . Consult employees appropriate HR office for further information.
 - b. If yes, the technician can utilize any and all of the following types of leave for medical emergency:
 - i. Annual Leave
 - ii. Sick Leave
 - iii. Compensatory Time

- iv. Time Off Award
- v. LWOP
- vi. *Advanced Annual
- vii. *Advanced Sick
- viii. **Donated Leave

2: *Advancing Sick and Annual Leave Considerations

1. Has your technician been on a Special Leave procedure or been counseled for using leave inappropriately during the last 24 months?
 - a. If yes, consideration must be made to determine if they will be available to repay the debt of advanced leave.
 - b. If no, proceed to step 2-2.
2. Do you fully expect your technician to return to work to repay all advancement of leave, whether sick or annual?
 - a. If no, employees do not have an entitlement to advance annual leave. In most cases, when an employee who is indebted for advance annual leave separates from Federal service, he or she is required to refund the amount of advance leave for which he or she is indebted. When an employee is pending separation (such as employees on temporary appointments or those whose retirement is planned), **advanced leave may not exceed the amount that can be repaid by accrual before the separation.** (Ref: TPR 630 Para 2-3c)
 - b. If yes and the employee is still in need of leave, proceed to step 2-3.
3. Has this employee exhausted or planned to exhaust all remaining annual leave?
 - a. If no, plan or project along with the employee (if possible) the usage of their annual leave. Repeat process once exhaustion date/ need is determined.
 - b. If yes, advanced annual leave may be awarded. The amount of annual leave that may be advanced is limited to the amount of annual leave an employee would accrue in the remainder of the leave year. Please view the annual leave page at <http://www.opm.gov/oca/leave/html/annual.asp#Advance%20of%20Annual%20Leave> . If additional leave is needed, proceed to Step 2-4.
4. Has the technician exhausted all accumulated sick leave?
 - a. If no, the technician must exhaust or project exhaustion of all sick leave prior to the advancement.
 - b. If yes, proceed to step 2-5.
5. Is your technician currently serving on a trial probationary period?
 - a. If yes, sick leave cannot be advanced to probationary technicians (ref TPR 630 Para 4-1). Proceed to Step 3-1.
 - b. If no, continue to Step 2-6.
6. Has the technician used any other leave that would otherwise be forfeited?
 - a. If no, the technician must use this leave prior to the advancement of the sick leave.
 - b. If yes, go to Step 2-7.
7. Do you have medical documentation to support such request for advanced sick leave?
 - a. If no, the employee must obtain medical evidence to show that sick leave is appropriate for the claimed condition within 15 days from the supervisors/ agency's request or a maximum of 30 days if employee is unable to provide the evidence, despite the

employee's diligent, good faith efforts. If employee fails to provide the required evidence within the maximum 30 day time limit, he or she is not entitled to advanced sick leave.

- b. If yes, then you may request the advancement of sick leave through the HRO in the amount determined by you and the employee (See Figure 1 below). Please review the advanced sick leave information page at www.opm.gov/oca/leave/html/advsk.asp.

3.** Donated Leave Program Considerations

1. Does this employee have a need that is expected to last at least 24 hours, either consecutive or intermittent?
 - a. If no, stop here and consider other available leave options.
 - b. If yes, proceed to step 3-2.
2. Has an application from the employee or personal representative on behalf of the employee been received to become a leave recipient?
 - a. If no, an application must be provided to include
 - i. The name, position title, and grade or pay level of the potential leave recipient.
 - ii. The reasons transferred leave is needed, including a brief description of the nature, severity, and anticipated duration of the medical emergency, and if it is a recurring one, the approximate frequency of the medical emergency affecting the potential leave recipient annotated on the OPM Form 630.
 - iii. Medical Certification of Physician's diagnosis and estimated duration of illness or condition annotated on the HRO physician certification form (See Figure 2 below).
 - iv. Supervisors Certification Memorandum showing that the employee has not been disciplined for chronic or excessive absenteeism, chronic or excessive lateness, or abuse of leave within the last two years (See Figure 3 below).
 - b. If yes, proceed to Step 3-3.
3. Has the employee exhausted or has a plan to exhaust all available paid leave (includes employee's accrued, accumulated, recredited, and restored annual and sick leave). It does not include advanced annual or sick leave, any annual or sick leave in an employee's set aside leave accounts which has not been transferred to the employee's regular or sick leave account, or other forms of paid time off. i.e., compensatory time off.)
 - a. If no, employee or personal representative on behalf of the employee must exhaust or plan to exhaust the available paid leave before being approved for the donated leave program.
 - b. If yes, the employee is eligible to apply for the donated leave program IAW TPR 630. Please review the Voluntary Leave Transfer Program information page at <http://www.opm.gov/oca/leave/html/VLTP.asp>.

Figure 1: Sample Memorandum for Requesting Advanced Sick Leave

STATE OF WEST VIRGINIA
OFFICE OF THE ADJUTANT GENERAL
1703 Coonskin Drive
Charleston, West Virginia 25311

Office Symbol

Date

MEMORANDUM FOR The WV National Guard Human Resource Officer, 1703 Coonskin Drive, Charleston WV 25311

SUBJECT: Request for Approval of Advanced Sick Leave

Please advance me , employee name , # hours of sick leave. My doctor's certification is attached.

Employee's Name

Rank, WVNG

Employee's Title

Request approval of hours of advanced sick leave for . I fully expect this employee to return to duty to repay the advanced sick leave.

Supervisor's Name

Rank, WVNG

Supervisor Title

Approved/ Disapproved

CRAIG E. LAMBERT
LTC, EN, WVARNG
Human Resource Officer

Figure 2: Medical Certification for Donated leave

Name of Shared Leave Program Applicant or Nominee	NAME (Please Print)
Name of Immediate Family Member (if applicable)	NAME (Please Print)
Applicant, Nominee or Nominator Signature	Signature
	Date
Applicant Address	Street Address
	City, State, ZIP

PHYSICIAN'S DIAGNOSIS	
ESTIMATED DURATION OF ILLNESS OR CONDITION	From: To: Current Date:
PHYSICIAN CERTIFICATION (Signature and Printed Name)	
ADDRESS AND PHONE	

Figure 3: Supervisors Certification for Donated leave

Memorandum Thru format: Thru Approving official (ARMY or AIR) to HRO attn: SSG
Michelle Woodall or SGT Brooke Goldsberry

RE: DONATED LEAVE

I, _____, hereby certify that _____, has

(Supervisor Name and Rank)

(Applicant Name and Rank)

not been disciplined for chronic or excessive absenteeism, chronic or excessive lateness, or abuse
of leave within the last two years.

(Supervisor's Printed Rank and Name)

(Supervisor's SIGNATURE)

(DATE)